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JUN 1 3 2005

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30084 7596	0 03/09/2005		have its own certificat	e of mailing or transmission.		
DONN K. HARMS PATENT & TRADE SUITE 100 12702 VIA CORTIN	EMARK LAW CENT	ER	Ce I hereby certify that t States Postal Service addressed to the Ma transmitted to the USI	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.		
DEL MAR, CA 920			Jane	F. Guetz	(Depositor's name)	
			Clave	E. Such	(Signature)	
			1 Gline	- 9,2005	(Date)	
APPLICATION NO.	FILING DATE	FIRST NAME	ED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/600,630	06/20/2003	Mark A	. Cherry	2616-PAT	7184	
TITLE OF INVENTION: VACUUM SHUTDOWN SYSTEM 06/15/2005 FFANAIA3 00000037 106006						
				01 FC:2501 02 FC:8001	700.00 OF	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700	\$0	\$700	06/09/2005	
EXAMIN	NER	ART UNIT	CLASS-SUBCLASS			
ALI, HY	DER	3747	123-1980DB			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). (1) the names of up to 3 registered patent attorneys						
Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence or agents OR, alternatively, (2) the name of a single firm (having as a member a						
"Fee Address" indicatio PTO/SB/47; Rev 03-02 or Number is required.	n (or "Fee Address" Indica more recent) attached. Use	tion form registered of a Customer 2 register	attorney or agent) and the name ded patent attorneys or agents. If name will be printed.	nes of up to		
3. ASSIGNEE NAME AND F	RESIDENCE DATA TO B	E PRINTED ON THE PATEN	T (print or type)			
			pear on the patent. If an assign	nee is identified below, the	document has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
SmartPlugs Corporation 1926 Industrial Drive						
		SANDP	OINT, IDAHO	> 8386Y		
Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 💆 Corporation or other private group entity 🔲 Government						
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed.						
Publication Fee (No sm	all entity discount permitte		t by credit card. Form PTO-203			
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Typed or printed name		orm S	Registration	•		
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